



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2008
OF THE CONDITION AND AFFAIRS OF THE

CareFirst BlueChoice, Inc.

NAIC Group Code	0380	(Current Period)	0380	(Prior Period)	NAIC Company Code	96202	Employer's ID Number	52-1358219
Organized under the Laws of	District of Columbia				State of Domicile or Port of Entry	District of Columbia		
Country of Domicile	United States							
Licensed as business type:	Life, Accident & Health []			Property/Casualty []			Dental Service Corporation []	
	Vision Service Corporation []			Other []			Health Maintenance Organization [X]	
	Hospital, Medical & Dental Service or Indemnity []			Is HMO, Federally Qualified? Yes [] No [X]				
Incorporated/Organized	06/22/1984			Commenced Business	03/01/1985			
Statutory Home Office	840 First Street, NE			Washington, DC 20065				
	(Street and Number)			(City or Town, State and Zip Code)				
Main Administrative Office	10455 Mill Run Circle							
	Owings Mills, MD 21117			410-581-3000				
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)				
Mail Address	10455 Mill Run Circle			Owings Mills, MD 21117				
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)				
Primary Location of Books and Records	10455 Mill Run Circle							
	Owings Mills, MD 21117			410-998-7011				
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)				
Internet Website Address	www.carefirst.com							
Statutory Statement Contact	William Vincent Stack			410-998-7011				
	(Name)			(Area Code) (Telephone Number) (Extension)				
	(E-mail Address)			(FAX Number)				

OFFICERS

Name	Title	Name	Title
Jon Paul Shematek, M.D.	President	Lisa Marlene Myers	Secretary
Jeanne Ann Kennedy	Treasurer	Joseph Petralia	Assistant Secretary

OTHER OFFICERS

David Donald Wolf	EVP, Medical Systems	Gregory Allen Devou	EVP, Chief Mktg Officer
Sharon Jean Vecchioni	EVP, Chief of Staff	Gregory Mark Chaney	EVP, CFO
Gwendolyn Denise Skillern	SVP, General Auditor	Michael John Felber	SVP, Sales
Maria Harris Tildon #	SVP, Public Policy	Rita Ann Costello	SVP, Strategic Marketing
Pamela Susan Deuterman #	SVP, ASU-FEP	Kenny Waitem Kan #	SVP, Chief Actuary
Dennis Allen Cupido #	SVP, ASU-Large Groups	Alok Gupta #	SVP, CIO
Michael Bruce Edwards	SVP, Networks Mgmt	Glenn Rothman #	SVP, Shared Services

DIRECTORS OR TRUSTEES

David Donald Wolf	Gregory Mark Chaney	Gregory Allen Devou	Teresa Gardner Harrison
John Edward Herold	Robert Isaac Jeffrey	John Anthony Picciotto	Jon Paul Shematek, M.D.

State of

ss

County of

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Jon Paul Shematek, M.D.
President

Lisa Marlene Myers
Secretary

Jeanne Ann Kennedy
Treasurer

Subscribed and sworn to before me this
day of ,

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE CareFirst BlueChoice, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE CareFirst BlueChoice, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE CareFirst BlueChoice, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	NONE			
0199999 Individually listed payables.....		0	0	0
0299999 Payables not individually listed				
0399999 Total gross payables		0	0	0

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

9999999 Totals	6,660,647	xxx	xxx	xxx
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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1	2	3	4	5	6
	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION
CareFirst BlueChoice, Inc.

2. (LOCATION)

NAIC Group Code 0380 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2008 NAIC Company Code 96202

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	68,111	2,772	48,644				16,695			
2. First Quarter	71,894	3,466	50,154				18,274			
3. Second Quarter	74,673	4,254	51,525				18,894			
4. Third Quarter	76,708	4,530	52,595				19,583			
5. Current Year	79,153	4,906	53,878				20,369			
6. Current Year Member Months	898,057	49,456	619,921				228,680			
Total Member Ambulatory Encounters for Year:										
7. Physician	1,039,624	49,697	859,629				130,298			
8. Non-Physician	90,298	3,664	72,243	0			14,391			
9. Total	1,129,922	53,361	931,872	0	0	0	144,689	0	0	0
10. Hospital Patient Days Incurred	48,525	2,013	37,797				8,715			
11. Number of Inpatient Admissions	11,867	559	9,565				1,743			
12. Health Premiums Written (b).....	238,317,039	4,374,703	155,558,340			2,447,629	75,936,367			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	241,316,427	4,374,703	155,558,340			2,447,629	78,935,755			
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	194,638,125	3,278,788	118,201,956			1,438,603	71,718,778			
18. Amount Incurred for Provision of Health Care Services	202,525,990	3,687,296	122,345,673			1,434,243	75,058,778			

(a) For health business: number of persons insured under PPO managed care products 59 and number of persons under indemnity only products 7

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		2.																			
NAIC Group Code		0380		BUSINESS IN THE STATE OF Maryland				DURING THE YEAR 2008				(LOCATION)				NAIC Company Code		96202			
		1		Comprehensive (Hospital & Medical)		3		4		5		6		7		8		9		10	
				2		Individual		Group													
		Total																		Other	
Total Members at end of:																					
1. Prior Year		530,184		25,334		365,654						139,196									
2. First Quarter		521,662		24,889		366,185						130,588									
3. Second Quarter		422,504		24,436		371,583						26,485									
4. Third Quarter		425,465		23,795		375,712						25,958									
5. Current Year		424,587		23,382		376,050						25,155									
6. Current Year Member Months		5,374,612		291,628		4,452,089						630,895									
Total Member Ambulatory Encounters for Year:																					
7. Physician		1,635,933		85,677		1,550,256															
8. Non-Physician		187,744		9,093		178,651															
9. Total		1,823,677		94,770		1,728,907		0		0		0		0		0		0		0	
10. Hospital Patient Days Incurred		74,906		3,376		71,530															
11. Number of Inpatient Admissions		20,910		1,073		19,837															
12. Health Premiums Written (b)		1,302,444,830		56,752,546		1,237,252,475						8,439,809									
13. Life Premiums Direct		0																			
14. Property/Casualty Premiums Written		0																			
15. Health Premiums Earned		1,305,444,218		56,752,546		1,240,251,863						8,439,809									
16. Property/Casualty Premiums Earned		0																			
17. Amount Paid for Provision of Health Care Services		1,085,929,146		52,390,725		1,027,110,430						6,427,991									
18. Amount Incurred for Provision of Health Care Services		1,099,076,683		51,528,964		1,041,436,153						6,111,566									

(a) For health business: number of persons insured under PPO managed care products 316 and number of persons under indemnity only products 37

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		CareFirst BlueChoice, Inc.		2.									
NAIC Group Code		0380	BUSINESS IN THE STATE OF Virginia		DURING THE YEAR 2008				(LOCATION)				
			1		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2		3								
		Total	Individual	Group			Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:													
1.	Prior Year	58,328	820	57,504		4							
2.	First Quarter	58,803	1,014	57,775		14							
3.	Second Quarter	60,287	1,214	59,033		40							
4.	Third Quarter	61,959	1,478	60,426		55							
5.	Current Year	62,697	1,692	60,982		23							
6.	Current Year Member Months	727,234	15,482	711,327		425							
Total Member Ambulatory Encounters for Year:													
7.	Physician	325,534	5,480	320,054									
8.	Non-Physician	27,914	423	27,491									
9.	Total	353,448	5,903	347,545		0		0	0	0	0	0	0
10.	Hospital Patient Days Incurred	13,514	489	13,025									
11.	Number of Inpatient Admissions	3,310	98	3,212									
12.	Health Premiums Written (b)	194,548,619	1,834,925	190,430,584		2,283,110							
13.	Life Premiums Direct	0	0	0		0							
14.	Property/Casualty Premiums Written	0											
15.	Health Premiums Earned	194,548,619	1,834,925	190,430,584		2,283,110							
16.	Property/Casualty Premiums Earned	0											
17.	Amount Paid for Provision of Health Care Services	151,421,125	2,563,701	147,163,097		1,694,327							
18.	Amount Incurred for Provision of Health Care Services	156,090,641	2,690,054	151,706,995		1,693,592							

(a) For health business: number of persons insured under PPO managed care products 47 and number of persons under indemnity only products 5

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2.																					
REPORT FOR: 1. CORPORATION			2.																		
NAIC Group Code		0380		BUSINESS IN THE STATE OF Consolidated				DURING THE YEAR 2008				(LOCATION)									
				Comprehensive (Hospital & Medical)		NAIC Company Code															
		1		2		3		4		5		6		7		8		9		10	
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year				656,623		28,926		471,802		0		139,200		16,695		0		0		0	
2 First Quarter				652,359		29,369		474,114		0		130,602		18,274		0		0		0	
3 Second Quarter				557,464		29,904		482,141		0		26,525		18,894		0		0		0	
4. Third Quarter				564,132		29,803		488,733		0		26,013		19,583		0		0		0	
5. Current Year				566,437		29,980		490,910		0		25,178		20,369		0		0		0	
6 Current Year Member Months				6,999,903		356,566		5,783,337		0		631,320		228,680		0		0		0	
Total Member Ambulatory Encounters for Year:																					
7. Physician				3,001,091		140,854		2,729,939		0		0		130,298		0		0		0	
8. Non-Physician				305,956		13,180		278,385		0		0		14,391		0		0		0	
9. Total				3,307,047		154,034		3,008,324		0		0		144,689		0		0		0	
10. Hospital Patient Days Incurred				136,945		5,878		122,352		0		0		8,715		0		0		0	
11. Number of Inpatient Admissions				36,087		1,730		32,614		0		0		1,743		0		0		0	
12. Health Premiums Written (b)				1,735,310,488		62,962,174		1,583,241,399		0		13,170,548		75,936,367		0		0		0	
13. Life Premiums Direct				0		0		0		0		0		0		0		0		0	
14. Property/Casualty Premiums Written				0		0		0		0		0		0		0		0		0	
15. Health Premiums Earned				1,741,309,264		62,962,174		1,586,240,787		0		13,170,548		78,935,755		0		0		0	
16. Property/Casualty Premiums Earned				0		0		0		0		0		0		0		0		0	
17. Amount Paid for Provision of Health Care Services				1,431,988,396		58,233,214		1,292,475,483		0		9,560,921		71,718,778		0		0		0	
18. Amount Incurred for Provision of Health Care Services				1,457,693,314		57,906,314		1,315,488,821		0		9,239,401		75,058,778		0		0		0	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____ 49

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____ 0

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE CareFirst BlueChoice, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
NONE						
0799999 – Totals – Life, Annuity and Accident and Health						

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2008	2 2007	3 2006	4 2005	5 2004
A. OPERATIONS ITEMS					
1. Premiums.....	25	25	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	521,680,530		521,680,530
2. Accident and health premiums due and unpaid (Line 13).....	38,958,676		38,958,676
3. Amounts recoverable from reinsurers (Line 14.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	(235,495)	(235,495)
5. All other admitted assets (Balance).....	84,869,249	869,959	85,739,208
6. Total assets (Line 26)	645,508,455	634,464	646,142,919
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	149,221,780	0	149,221,780
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	46,867,503		46,867,503
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	42,743,789	634,464	43,378,253
13. Total liabilities (Line 22).....	238,833,072	634,464	239,467,536
14. Total capital and surplus (Line 31).....	406,675,383	XXX	406,675,383
15. Total liabilities, capital and surplus (Line 32)	645,508,455	634,464	646,142,919
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	(869,959)		
21. Total ceded reinsurance recoverables	(869,959)		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	(634,464)		
26. Total ceded reinsurance payables/offsets	(634,464)		
27. Total net credit for ceded reinsurance	(235,495)		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | Responses |
|---|------------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |WAIVED..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|---|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
|---|---------------|

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|---------------------------|
| 9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 12. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |SEE EXPLANATION..... |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |

APRIL FILING


- | | |
|---|--------------|
| 16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? |NO..... |

EXPLANATION:


9.
10.
11.
12. Not applicable- company does not have 100 or more stockholders
13.
14.
15.
16.
17.
18.

BAR CODE:


1.




9 6 2 0 2 2 0 0 8 4 6 0 0 0 0 0 0
9.




9 6 2 0 2 2 0 0 8 3 6 0 5 9 0 0 0
10.



9 6 2 0 2 2 0 0 8 2 0 5 0 0 0 0 0
11.








9 6 2 0 2 2 0 0 8 2 0 7 0 0 0 0 0
13.



9 6 2 0 2 2 0 0 8 3 7 1 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14.	 9 6 2 0 2 2 0 0 8 3 7 0 0 0 0 0 0
15.	 9 6 2 0 2 2 0 0 8 3 6 5 0 0 0 0 0
16.	 9 6 2 0 2 2 0 0 8 3 3 0 5 9 0 0 0
17.	 9 6 2 0 2 2 0 0 8 2 1 1 5 9 0 0 0
18.	 9 6 2 0 2 2 0 0 8 2 1 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.
*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Miscellaneous expenses.....	(10,456)	(189,289)	2,062,962		1,863,217
2505. Interest claims expenses.....					0
2506. Charitable Contributions.....					0
2507. Service Charges Inter-Plan Bank.....					0
2508. IPSBB Inter-Plan Bank.....					0
2597. Summary of remaining write-ins for Line 25 from Page 14	(10,456)	(189,289)	2,062,962	0	1,863,217

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(http://www.naic.org/committees_e_app_blanks.htm)

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